

Checklists are to be filled out by member of the legal staff - i.e., Associate/Technical Specialist -
NOT TO BE FILLED OUT BY SECRETARY - Paperwork including Amendment should be in FINAL Form

Checklist for Amendments and Responses

SECRETARY _____	ATTY DOCKET NO. _____
HANDLING ATTY. _____	TIME RCVD. _____
CHECKER <u>Dele</u>	

Checker TS/Assoc

Checker TS/Assoc

Postcard

____ dockert number
 ____ application number
 ____ filing date
 ____ title
 ____ list of all items including number of pages
 ____ express mail no
 ____ attorney/agent name
 ____ date
 ____ correct filing fee

Fax Cover Sheet

____ serial no.
 ____ first named inventor
 ____ correct fax no. (703) 872-9306
 ____ from signing attorney
 ____ attorney docket no.
 ____ total pages including fax cover sheet
 ____ certificate of facsimile included

Certificate of Facsimile

____ date
 ____ name of signing attorney
 ____ correct fax no.
 ____ list of all items being filed

Amendment Transmittal -

must be submitted if amending claims

____ cert. (w/ appropriate MS) of express mail/fax
 ____ application no./attorney docket no.
 ____ filing date
 ____ examiner
 ____ group art unit
 ____ applicants
 ____ title
 ____ amount of claims correct
 ____ highest no. previously paid for is correct
 ____ indication of mult. dep. claims (if applicable)
 ____ correct total fee (\$2,000)
 ____ indication of small entity status
 ____ amt & auth. to charge dep. order account
 ____ auth. to charge/credit dep. order account
 ____ atty/agent name and number
 ____ date

Transmittal (SB-21) - To be used if there are no claim amendments - instead of Amend Trans - not in addition to

____ application number
 ____ filing date
 ____ first named inventor
 ____ group art unit and examiner
 ____ attorney docket no.
 ____ list all items being submitted
 ____ postcard listed under other enclosures
 ____ name and reg. no. of person signing
 ____ date
 ____ cert. of express mail/fax w/ appropriate MS

Amendment

____ certificate of express mail/facsimile
 ____ attorney docket no.
 ____ inventor(s)
 ____ application no.
 ____ filing date
 ____ title 3160
 ____ group art unit and examiner
 ____ If Prel. Amend. addressed to Commissioner (No MS)
 ____ If Before Final addressed to MS Amendment
 ____ If After Final addressed to MS AF
 ____ application no. and group art unit in header
 ____ correct mailing date of Office Action
 ____ correct paper number if noted in Amendment
 ____ each section beings on a separate sheet - (amends to spec., claims, to drawings & remarks)
 ____ amends to spec use replace. figs are marked to show changes
 ____ amends to drawings use replacement figs - "Replacement Sheet" must appear in top margin
 ____ amended drawing sheet includes all figures appearing in prior version of sheet (even those not amended)
 ____ amended drwg sheet includes all drawings on sheet in prior version - not just drwg being amended
 ____ if claims amended - complete set included
 ____ correct status identifiers used & full text of all pending withdrawn claims, if applicable are included and counted
 ____ claims if amended counted correctly w/ claim check sheet
 ____ name and reg. no. of person signing
 ____ date
 ____ terminal disclaimer (if requested in OA)

Optional items for inclusion

____ Request for Extension of Time
 ____ IDS
 ____ Notice of Appeal
 ____ Sequence Listing

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Checklist for Amendments and Responses

Checker / TS/Assoc /

Fee Transmittal

____ application number
 ____ filing date
 ____ first named inventor
 ____ examiner
 ____ group art unit
 ____ attorney docket no.
 ____ indication of small entity (if applicable)
 ____ total amount of payment
 ____ indicate method of payment
 ____ deposit order account number
 ____ appropriate boxes checked
 ____ number of total claims correct
 ____ number of indep. claims correct
 ____ Section 2 claim fees correct
 ____ Section 3 - additional fees as appropriate
 * (please check for all cases filed after December 8
 2004, when amending the specification to include
 additional pages)
 ____ Section 4 additional fees as appropriate
 ____ name & reg. no. of signing atty/agent
 ____ date
 ____ certificate (w/ approp. MS) of exp.
 mail/facsimile

Request for Extension of Time

____ attorney docket no.
 ____ application number
 ____ filing date
 ____ title
 ____ group art unit
 ____ examiner
 ____ correct no. of months being requested
 ____ claim small entity status (if applicable)
 ____ correct fee amount & auth. to charge acct.
 ____ name & reg. no. of person signing
 ____ date
 ____ certificate of express mail

IDS

____ inventor(s)
 ____ serial no.
 ____ filing date
 ____ title
 ____ attorney docket no.
 ____ group art unit
 ____ examiner
 ____ certificate of express mail
 ____ name and reg. no. of person signing
 ____ date

Checker / TS/Assoc /

PTO Form SB-08

____ application number
 ____ filing date
 ____ first named inventor
 ____ group art unit
 ____ examiner
 ____ sheet ____ of ____
 ____ attorney docket no.

Notice of Appeal

____ attorney docket no.
 ____ inventor(s)
 ____ application number
 ____ filing date
 ____ title
 ____ group art unit
 ____ examiner
 ____ fee amount
 ____ indication that applicant claims small entity status (if
 applicable) and correct fee
 ____ authorization to charge/credit account and Dep. Account
 No.
 ____ indication that petition for extension of time is enclosed
 (where appropriate)
 ____ name and reg. no. of person signing
 ____ date
 ____ cert. of express mail addressed to MS AF

Sequence Listing

____ consecutive page numbers & docket no.
 ____ proper PTO format
 ____ properly labeled diskette
 ____ trans letter - paper & crf are same - if substitute - must
 say contains no new matter



VOUCHER - to Deposit Order Account
DEDOCKET SHEET - COMPLETED

REPORTING LETTER

✓ most up to date letterhead
 ✓ correct serial no.
 ✓ correct title
 ✓ correct inventor(s)
 ✓ correct filing date of amendment/response
 ✓ correct docket number